LITTLE BLUE BOOK NO. 1677
Edited by E. Haldeman-Julius

How the Army and the Navy Fight Venereal Diseases

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Your true American is an incurable sentimentalist. He is not content to go see a big baseball game. It must be a "World Series" game, in spite of the fact that no other country in the world plays baseball, and of the further fact that what he sees is a technical contest between two groups of more or less deviously ethical hired men who have no local connection whatever with the cities they pose as representing. Whether it be sports, intoxicants, or sex, the American demands his moonshine and presumes it his cosmic duty to set up standards of conduct for others to follow as well. It will be found, for instance, that our laws against all forms of sex criminality are marked by peculiar rigor and sadistic brutality. The reaction of an American community to one who commits a sex crime differs altogether from its reaction to one who merely commits conventional highway robbery. Not even that pathological incendiary, the fire bug, will arouse a community by his depredations as can another psychopathic unfortunate who attempts rape or who indulges perhaps some more exotic sexual perversity. This leads quite naturally, of course, to the American attitude towards venereal diseases, which is, and has long been, a combination of sentimentality and abortive ethical or moral probity beautifully designed to prevent scientists from wiping out these scourges in a clear-seeing, realistic, objective

manner. Even so distinguished a physician and usually one so inspired as Logan Clendening must, when he adverts to venereal diseases in the *Forum-Century* (October, 1930) perform a pious genuflexion before the shrine of pseudo-sex morality and refuse to see facts clearly.

A fertile field of illustration for the thesis outlined in the above paragraph may be found in a consideration of what happened when the American Expeditionary Force went to France to obliterate all forms of evil from the globe in 1917-18-19. In the following survey copious use will be made of a very sound source of information, "The Prevention of Venereal Diseases," Chapter XI, Volume VI on *Sanitation*, published by the War Department on *The Medical Department of the United States Army in the World War*. This particularly informative and candid chapter was written by Lieut. Col. F. W. Weed, M. C. Before turning to it let us review what common-sense would tell any person of intelligence faced with the duty of preventing venereal diseases among a group of young adults who have gone forth to a strange land, with strangely realistic attitudes toward sex, to kill and maim other men in order to perform a Caesarean operation upon the belly of fate and bring forth high ideals—stillborn!

It is in the biological nature of things that these young men would be sexually normal human beings and would require a normal outlet for this sexual energy of theirs. They would seek women of whatever type available. If an

effort was made to clear the land of occupation of prostitutes they would still seek women. If they could not find women they would indulge in perversities to which the most heterosexual beings are addicted when sufficiently repressed. In any case their activities would be almost certainly bound to cause a spread of venereal diseases. As a matter of fact it would be reasonable to suppose that they would go on a grand spree before they left home and reach France loaded with such diseases. Certainly nothing whatever could be gained, from the standpoint of common sense and of science, by piously assuming that such young men could be rigorously continent sexually while hacking up or blowing to pieces as many Germans as possible, and living the while in a land of such marked sexual rationalism as France.

The obvious objective thing to do would be, of course, to have the best available experts on such matters lecture the young men on the dangers of venereal diseases, at the same time giving them full and complete instructions regarding personal prophylaxis in case they did become contaminated. This is obvious to common sense because, while it is not definitely known that either of the two major venereal diseases is really curable, it is positively ascertained that scientific prophylaxis rigorously carried out within a few hours after contact will prevent the development of all venereal diseases with almost absolute certainty. Lastly, common sense would suggest that every effort be made to encourage soldiers to report sexual contacts and to submit themselves to treatment

by the sanitary corps. Quite as surely common sense would not make such sick report on the part of a soldier a punishable offense, nor would it affect to regard venereal diseases as so utterly differing in moral taint from all other diseases that it would presume for a moment to judge the contraction thereof as a fit subject for court martial.

In short, common sense, and of course science, would direct that action be concentrated in two directions: 1. Have experts lecture the soldiers on the very serious nature of the venereal diseases. 2. Make personal prophylaxis just as universal as possible. Having now set forth the measures that would very naturally occur to any sensible and well-informed person in charge of the venereal sanitation of thousands of men, let us see what actually happened when American troops entered friendly France with its peculiarly non-sentimental, rationalistic, and sanely realistic attitude towards sex and all sex problems.

As early as May 18, 1917, the suppression of prostitution was brought about within a fixed radius of all American military camps and posts in the United States. Moral measures of repression were therefore at once invoked. Attention was given as usual to certain sentimental ethical aspects of a situation which needed to be met squarely upon a factual basis. In July, 1917, a study of similar arrangements was begun by the chief surgeon and the judge advocate in France. Unfortunately, however, until the definite establishment of an American troop zone, French measures of protection

against venereal diseases had to be depended upon. Under this system there were mainly housed prostitutes kept under rigorous and regular medical examination, although a few *filles de carte* existed who were permitted to indulge in street soliciting under restrictions which the French constantly made more and more stringent, in their effort to have all prostitutes ultimately confined in recognized houses and under constant medical supervision.

This examination of the women at stated intervals could not, of course, be completely protective. But the French measure of stationing in the houses of prostitution sanitary corps charged with the duty of administering venereal prophylaxis to all soldiers who visited the inmates was sane, sound, sensible, scientific and protective. Somewhat later the Americans managed to have prostitution completely abolished at all ports of debarkation and the beautiful moral theory arose that absolute sexual continence was precisely what a hero needed. A great deal of time, money and effort was spent upon this ill-starred attempt to make healthy young men act in contravention to their biological destiny. This is not to say that continence is an impossible or even a necessarily detrimental ideal. Complete continence is perfectly possible for many healthy males. It is not, however, possible for certain other normal, healthy males to preserve such continence without incurring psychopathic and physiological consequences of the most grave nature. In short, medical science must deal with men as individuals and must assume that exactly the

same measures will never do unaltered for handling any two of them.

THE FOLLY OF THE ABSTINENCE THEORY

Early in the war certain American detachments at St. Nazaire had a venereal rate of from 8 to 10 per cent and this probably caused the repressive measures against the prostitutes to whom our soldiers initially had access, and also the subsequent emphasis upon the abstract theory of complete abstinence. What had very probably been overlooked, as it was found to be the case somewhat later, was the fact that American soldiers frequently left the United States with tremendously high venereal rates! The local French authorities proved capable of rising to those heights of courtesy so easily attained by a race of true culture. They sought honestly and conscientiously to yield to this childish American desire for chaste purity—while no doubt laughing up their sleeves at the American tendency to act in reality like other men—and in a letter of F. Reboul, December 13, 1917, to General Pershing, the notion was expressed that houses of prostitution were perhaps a lesser evil; to the French indeed the expulsion of the prostitutes seemed a measure of extreme severity, especially in that the house of prostitution was the inmate's home and she had nowhere else to go.

One can scarcely fathom the naivete of a race which would assume for a moment that such truly humane considerations would deter an American for an instant when he is out hot-footed to accomplish some great moral reform. This country was no doubt full of people who

would have said give the prostitute arsenic but save our sons and husbands from contamination, at the same time that said sons and husbands were trying earnestly, if not prayerfully, to cultivate the society of said prostitutes whenever occasion offered opportunity. M. Reboul continued that clandestine prostitution would be ruthlessly suppressed but he still felt that some sort of prostitution was absolutely necessary to preserve "the family honor" of respectable French women. This introduces the horrid thought that certain of our heroes might, under extenuating circumstances, perhaps, have been inclined to exert pressure upon highly moral French women to yield their biological integrity (if any) in the cause of higher and better ideals and bigger and bloodier wars.

Hereupon all residences of prostitutes were put "off limits" by the American army authorities. And at this point let it be emphasized that the American army authorities were in no position at any time to adopt the objective viewpoints of common sense and of science towards venereal diseases. Whatever they really thought they must always act in terms of the highly immoral American ethical sentimentalism which we observed at the start and which so animated home "patriots" that any deviation therefrom would have brought avalanches of protest dashing down upon the heads of army officials. The effect of placing the houses of prostitution "off limits" was apparent in the drop of the venereal rates from 12 to 2 among whites and from 21 to 11 among the black troops. It is also quite obvious, ap-

parently, that the visitation of these resorts by American troops was not exactly infrequent. It it is finally apparent that penning large bodies of men up away from women, whether in asylums, penitentiaries, schools, or armies, is bad business—scientifically and from the standpoint of rational hygiene. In short, one evil is partly conquered only by exposure to another perhaps quite as bad.

So it was that "undesirable" portions of French cities were closed off to American troops instead of giving the troops immediate and complete instructions in methods of personal prophylaxis which are really preventive. The French in their quaint way objected rather vociferously to this business of putting the houses of prostitution "off limits." Indeed the mayor of St. Nazaire openly held that French women were in danger from American Negro troops. He suggested that houses be opened especially for our Negroes, or that Negro women be brought from America and placed at their disposal or, if neither of these two suggestions seemed feasible, that the American Negroes be returned to the United States.

Medical Inspector Simonin actually made a report for the French which said in part: "But the facts related in this report demonstrate that in the existing moral conditions and despite the prophylactic and disciplinary measures taken by the American authorities, the absence of regulation of prostitution in the towns occupied by troops arriving from America results in most deplorable conditions." On June 22, 1916, the French Academy of Medicine

had advised the rigorous supervision and daily medical inspection of all women in houses of toleration and the bi-weekly inspection of other inscribed prostitutes. But on March 22, 1917, medical science of France made an effort to palliate American moral sensibilities and advised these young men from the United States that chastity was possible, commendable, and sanitary, and that married men should especially eschew cohabitation both on moral and hygienic grounds. This action of the French Academy of Medicine was viewed by some Frenchmen as tending to render scientific concepts rather too elastic in the effort to encourage these odd Americans in their curious notions of well-doing. But the French had long since learned that it is a biological rule for the sexes to cohabit and that the prevention and treatment of venereal diseases must be approached only after a complete realization of the importance of this basic truth. The Americans had and have much to learn.

"NOBLE ASPIRATIONS"—BUT UNSCIENTIFIC

In December, 1919, the French Undersecretary of Health was queried on the propriety of establishing houses of toleration in the centers of furlough used by American troops. The French report of this matter remarks that "This policy seems very little in accord with the regulations of the Honorable Secretary of War at Washington and qualified to surprise him not a little." Here is evidence that French naivete had somewhat lessened. But the report concluded that the number of rapes and seductions had increased rapidly in American zones

of occupation since prostitution was suppressed and that though "America has the noblest official aspirations," it seems that she is unable to guarantee individual morality in such manner as to render a Frenchman secure in the feeling that his women were safe from attack. Would America therefore at least impose upon her troops before embarkation for France a very careful sanitary inspection, because it certainly was absolutely proved that these troops reached France venereally diseased and spread such disease widely?

Clemenceau himself wrote under date of February 17, 1918, to the President of Council, Minister of War, a letter intended for transmission to General Pershing in which he said: "Regarding more especially the propagation of venereal diseases, the methods followed so far by the American Expeditionary Forces do not seem to have given good results. In fact, total prohibition of all regulated prostitution in the vicinity of the American troops has had for result, in spite of the measures of prophylaxis and discipline taken by American authorities, the increase of propagation of venereal diseases among the civilian population of the neighborhood." Clemenceau condemned clandestine prostitution in no uncertain terms and begged the American command to consider conditions from the standpoint of facts rather than from the more ethereal but painfully abstract altitude of pious moral aspiration. In reply to this letter the Chief Surgeon of the American Expeditionary Forces declared all charges absolutely without foundation. How that must have angered the

realistic old Tiger, unless he laughed ironically instead!

As Col. Weed reminds us, there was a fundamental difference in viewpoint between the French and the American authorities on these matters. The French did try manfully, however, to see things from the curiously distorted American viewpoint, a viewpoint, please remember, which was no doubt forced upon the scientific sanitary corps of the army by extra-scientific and purely sentimental considerations present at home in America. The French were willing even to prohibit the salè of alcoholic liquors in the American zone and to sell only tea, coffee, chocolate, sirups and lemonade. But on May 12, 1918, the Chief of the French military mission with the American army remarked: "The President of the Council asks if you will be disposed, granting the observance of the rigorous requirements of the regulations above mentioned, not to forbid American troops access to the licensed houses which are subjected to supervision as prescribed." This note was addressed to the Chief Surgeon of the United States Army. The offer was kindly but quite flatly refused, though the French were politely commended for their efforts so to regulate houses of toleration that venereal disease was unlikely to be caught there. This regulation included personal prophylaxis administered to the soldier patron on the premises. An impartial observer is very much inclined to think after reading the hundred-odd pages briefly abstracted here that the Medical Corps of the United States Army knew all along what it

ought to do and wanted to do it, but was impeded by the hypocritical pseudo-moral considerations which continually inhibit the American civilian when he comes in contact with a practical problem amenable to solution by the utilization of scientific facts.

A PROPHYLAXIS ORDER—WITH THREAT OF COURT MARTIAL

After this date strenuous efforts were made to abolish clandestine prostitution in American zones in France. All-night and week-end leaves were especially curtailed. Every possible effort was made to impede the American soldier in his tropistic efforts to reach his source of light and inspiration, the French prostitute. Charts were prepared which demonstrated that these soldier guinea pigs requested prophylatic treatment against venereal disease much more frequently on and immediately after holidays and Sundays. In brief, all efforts were concentrated on the suppression of prostitution and upon making the normal American man a continent psychopathic eunuch. In the meantime no really effective effort was made to issue instructions about personal prophylaxis and to insist upon it under all circumstances in a way that would lead the exposed soldier to use it. Ultimately attention began to be focused upon a regulation of 1912 which made medical prophylaxis for venereal diseases compulsory in the army.

Under date of July 2, 1917, General Orders were issued from Paris "to the end that venereal diseases may be minimized, prophylactic

stations will be established at convenient places to be determined by the commanding officer and the surgeon. All members of the American Expeditionary Forces are directed to report for treatment at some official prophylactic station within three hours after every exposure to venereal infection." This order continued by making the radical departure of assuming that any individual who contracted venereal disease was guilty of neglect of duty and, having thus unfitted himself for active duty against the enemy, could be court martialed. If any measure would be more unlikely to induce men exposed to venereal disease to run in and ask their commanding officer for treatment it does not readily occur to an imagination unstimulated by Pennsylvania applejack. Of course no check could be made of the three-hour limit provision and this Army Regulation was on the face of it destined to go the way of most American legal enactments. Since court martial might follow knowledge of venereal infection the soldiers were quite naturally not frantic to report their exposure. To offset this possibility orders issued in December, 1917, directed that one entrance to camp be reserved for all men returning from leave, that severe questioning and compulsory venereal prophylaxis follow if contact be acknowledged, or if the returning crusader happened to be drunk, a contingency not altogether unlikely. We shall somewhat later learn that the navy found such knock-down-and-drag-'em-out treatment very poor technique. By December, 1918, it had been discovered that one-third of all the ve-

nereal diseases contracted by soldiers developed because of failure to take prophylactic treatment. In February, 1919, General Pershing issued a general order requiring that separate punishment be inflicted upon all soldiers who failed to take such treatment.

TRYING METHODS OF PREVENTION

The curiosity of the reader having by now been perhaps unduly aroused regarding the nature of this extremely efficient method of prophylaxis, it is perhaps time to say what it is. This method, by the way, is still used in the army and is effective. Better a grain of prevention than a ton of cure in this case. The method follows: The bladder is emptied. The genital organs are washed thoroughly with soap and warm water and a 1:2000 solution of mercury bichloride. A solution of 2 percent protargol (a silver salt) is next injected into the urethra by a syringe. This solution is retained for a period of three minutes before expulsion. The entire genital area is next rubbed thoroughly with calomel ointment—a 30 percent benzoated lard, and the organ is wrapped in a paper napkin. The method could be more completely detailed and will be found so detailed by those sufficiently curious to consult publications which the Venereal Disease Information Section of the United States Public Health Service in Washington, D. C., will supply either free or at nominal cost. This method is *not* a treatment for venereal disease. Let that be understood. It is preventive solely. It must be used carefully. When it is so used and

prophylactic stations are scattered about with sufficient frequency the results are phenomenal.

From August 22, 1918, to November 13, 1918, of the 8,978 cases of venereal disease reported in the army 3,070 or 34.1 percent were among men who had failed to take prophylactic treatment. Of the 17,282 cases reported between January 2, 1919, and May 21, 1919, 7,193 or 41.6 percent had failed to take treatment. Some of these were indifferent to treatment, some were alcoholic at the opportune moment, some had careless treatments, and some were simply seeking to escape being recorded as having ever had treatment for venereal disease. The efficacy of such treatment was in general almost astounding. Only 1.3 percent of failures, so called, were recorded in the cases of 242,000 prophylactic treatments for venereal disease. Again let it be said that hurried or incomplete treatment or intoxication can be charged indirectly with many of these *soi disant* "failures."

The rates per 1,000 men per annum for venereal diseases among white and colored troops respectively were as follows:

October, 1917	White	202.68	Colored	1,304.76
January, 1918	White	132.48	Colored	25.32
June, 1918	White	41.76	Colored	78.12
December, 1918	White	27.00	Colored	110.88
February, 1919	White	41.28	Colored	28.44

It will be seen that the venereal rate remained high at all times and that on many occasions the rates among white soldiers surpassed those among the Negroes. Of 1,901 men who were especially studied because they developed some venereal disease after taking prophylactic tratment, 50.3 percent developed

gonorrhea, 38.4 percent chancroid, and 11.3 percent syphilis. Another study of 969 such cases disclosed 54.1 percent with gonorrhea, 32.4 percent with chancroid, and 13.5 percent with syphilis. This gives some idea of the relative effectiveness of inefficient prophylaxis against various venereal diseases. The prophylactic packet finally issued by the United States Army for individual self-treatment contained collapsible gelatin tubes of 32.5 percent calomel ointment, 1.5 percent carbolic acid, and 1 percent camphor. Only very gradually was the course of making these packets generally available to the men decided upon, probably because instruction in their use looked greatly like the surrender of a noble moral principle. This packet was often ineffectual because carelessly used and trial by court martial could follow if a venereal disease were contracted even though the packet had been used. Line and medical officers were stimulated in every way to keep the venereal disease rate low in their detachments in spite of the fact that, as we shall see, the navy found such a system a bad one. Only by March 3, 1919, was it decided to permit 10 officers of the Sanitary Corps who were especially trained venereal disease investigators, and a number of expert medical specialists to lecture troops newly arrived in France from the United States, thus making educational means paramount. Venereal diseases were treated in special venereal segregation bases where the patients could not loaf but remained on duty status in order not to encourage men to contract such pathological conditions in or-

der to escape duty. After all this the annual venereal rate per 1,000 for the total American Expeditionary Forces ran as follows on the dates mentioned:

September 18, 1918—33.24; 25th—41.44.
October 2, 1918—45.26; 9th—44.25; 16th—45.19; 23rd—39.31; 30th—53.41.
November 6, 1918—56.88; 13th—51.15; 20th—49.51; 27th—48.61.
December 4, 1918—38.08; 11th—40.24; 18th—34.24; 25th—32.46.
January 1, 1919—38.66; 8th—38.41; 15th—36.94; 22nd—37.97; 29th—41.44.
February 5, 1919—37.04; 12th—33.9; 19th—34.87; 26th—36.64.
March 5, 1919—30.79; 12th—32.56; 19th—34.04; 26th—37.88.
April 2, 1919—35.71; 9th—34.66; 16th—38.58; 23rd—41.77; 30th—42.15.
May 7, 1919—40.52; 14th—42.65; 21st—56.09; 28th—52.95.
June 4, 1919—51.37; 11th—55.52; 18th—91.02; 25th—98.96.

Having learned all of this, what happened when the American army advanced into Germany? Reliance was initially placed upon the medical examination of resident prostitutes. That was given up and the hospitalization of women suffering from venereal diseases was made compulsory. Thereafter individual prophylaxis was emphasized. Next came anti-fraternalization regulations, deportation of undesirable persons from the zone of American occupation, and finally prostitution was made a crime, a vagrancy court was established and so operated as to make actual proof of prostitution unnecessary if it were desired to deport some women of the oldest profession. Today the army places proper emphasis upon prophy-

laxis but it must be remembered that the Army Medical Corps can act much more scientifically in times of peace than in days when vociferous moral patriots, well in the rear, shout ethical platitudes and insist that the longest way round is the most direct route to disease prevention.

REALISM IN A NAVAL INVESTIGATION BOARD

Let us turn to the *Report of the Board Appointed by the Secretary of the Navy to Study the Venereal Disease Problems of the Navy.* This appeared in the valuable and commendable *Journal of Social Hygiene*, Vol. xii, No. 2, February, 1926. It appears as Publication No. 525 of the American Social Hygiene Association, Inc., 370 Seventh Avenue, New York City, to which soundly scientific organization the reader's further attention is urgently commended. This board of officers made their study upon recommendation of the Surgeon General of the Navy and by direction of the Secretary of the Navy.

The report says that all three of the venereal diseases are usually to be found among the first six of all diseases which cause disability and require admission to the sick list and that about 12.5 percent of the personnel of the navy becomes infected with venereal diseases each year. The board believed that the navy venereal rate would be considered higher if all cases were reported:

> In many instances men infected with chancroid or gonorrhea can successfully conceal their diseases, especially if they are so situated that they can have daily liberty under conditions which make it possible for them to consult civilian physicians or

quacks or treat themselves with medicines purchased in drug stores with or without the advice of drug clerks or friends in or out of the navy. Relatively speaking, gonorrhea is in many cases easily concealable, for, while complications occur in a certain proportion of the cases and involve serious disability or lead to uncured or uncurable conditions, the fact remains that the infection is of brief duration and does not incapacitate the individual in an obvious manner in many other cases.

While it is estimated that, excluding officers, some 13 to 14 percent of the enlisted men of the navy become infected each year:

The board is loath to consider comparisons between the vital statistics of the navy and other military and naval organizations, because it has no evidence that the statistics available have been collected under similar conditions and compiled by comparable statistical methods. In the United States Navy the instructions relative to the reporting of the venereal diseases contemplate that every case of venereal infection be recorded as a case of venereal disease, even if there be apparent no disability whatsoever.

The board also

feels that only concealment of disease and concealment of exposure should be punishable. It believes that measures applied after the individual has become infected which smack of punishment for having become infected or tend to lessen the individual's self-respect or lead him to believe that he is not being treated on even terms with the victims of any other kind of disease, must inevitably tend to make men conceal disease and seek treatment elsewhere. The board also believes that no organization, on the basis of its venereal disease statistics, should be judged with regard to the interest displayed by its commanding officer and other officers in the initiation and prosecution of efforts to prevent and control venereal diseases. Under present conditions, it appears, a high admission rate is quite as likely as a low rate to indicate a desired display of interest, confidence among the crew in the medical officer, and the attainment of a most desirable objective—namely, that infected

men receive good treatment. It seems reasonable to conclude that any tendency to hold the commanding officer responsible for the size of the venereal disease rate must indirectly lead to concealment of disease, and even failure to report disease when discovered. The board deems it advisable to touch upon these points because it understands that just such methods have been advocated. Moreover, certain punitive measures of doubtful value are still in effect in the army and navy. In view of the fact that the commanding officer of an organization has no control whatever over at least some of the conditions and circumstances of determining importance which cause men to become infected, it is obviously unwise and unjust to attempt to hold him responsible for the number of men who become infected.

Readers will please contrast not only this statement but also the entire attitude of this board report with the attitudes we have just seen adopted by the army in France. It is like coming out into the open air to read this sane and rigidly scientific report. In continuation of this attitude consider the following quotation from the report:

It is, therefore, fundamentally true that the navy's venereal disease problem is as bad as it is largely because of the lack of suitable training and proper restraint of children in the homes of the United States, and because of defective social hygiene in high as well as low levels of society in practically all communities. . . . It is true, as often pointed out, that the navy takes young men from their homes and places them where they will be exposed to temptation. That is an essential service condition. The same thing might be said of a university located in a large city. The navy doesn't expose its men to temptation, but it must grant leave and liberty in foreign as well as home ports.

Further direct quotation also seems advisable in order to get these paragraphs into wider circulation:

Fundamentally, of course, the urge to sexual intercourse arises from the primary instinct of procreation. And the urge is powerful in both sexes. To overlook the fact that the female of the species as well as the male is activated by strong emotions arising from the sex instinct is to overlook important causes involved in the spread of venereal diseases. From a practical standpoint, nature does not impose the same possible consequences of illicit intercourse upon the male as upon the female, and women are ordinarily held in more restraint by conventions and social attitudes. In general, too, a greater proportion of women than men in all comparable social groups are striving for high ideals. Paradoxically, the attitude of the male sex is in part responsible for this requirement. Nevertheless, in large centers of population, where the doings of the individual are more or less lost sight of, there seems to be a growing tendency on the part of young women, who have reached a state of economic independence, to break away in greater or less degree from the strict requirements of previous generations. Often, from the nature of things, life in a large city is such that freedom of opinion and action in giving expression to the feeling that single women are entitled to freedom in social and sexual as well as business relations does not bring the opprobrium that would follow in a smaller community. Such women are not necessarily promiscuous in their relations with men.

In comparatively small as well as large communities there are to be found other women who are promiscuous in their sex relations. These range in age from those who are mere girls in their early teens to mature women, and they comprise all classes of clandestine prostitutes. With some the sexual act is more the expected result of an evening's entertainment in a dance hall or elsewhere in the course of which both the man and the girl feel free to do as they please, rather than any desire on the part of the latter for profit. In some cases the desire for gifts of clothing, cheap jewelry, etc., is a factor, and in other cases the principal or only consideration is money. . . .

The men have heard all sorts of tales about foreign women, and it appears that they will satisfy their curiosity when occasion permits. When,

in addition to the factor of curiosity, we find that many prostitutes are waiting for the men near the dock, or are ready to pick them up as soon as they have entered the crowded streets of the city, that taxicab drivers are agents for houses of prostitution, that brothels have their runners everywhere to intercept the men, and peephole displays, etc., are held out as an inducement to stimulate curiosity, it is not surprising that the exposure rate is very high during the visit of a ship to such a port.

THE PROBLEM OF INSPECTION

The board did not feel that men under treatment for venereal disease should be deprived of liberty as it considered that "it is always a serious matter to deprive men of liberty under the conditions of naval life. Such deprivation more often than not is in itself severe punishment because regular liberty or the opportunity to go on regular liberty, especially after cruise and work periods, is highly prized." How very humane and sensible this attitude is. The report continues:

Theoretically, any concealment of disease should be prevented by regularly inspecting the crew for venereal disease. In practice it is not altogether a simple matter to detect disease in the course of general inspections. The board understands that most medical officers of the navy are of opinion that occasional surprise inspections may result in the detection of an occasional case of disease, but that regular inspections are not altogether practicable. The board believes that any good that may come from inspections of the personnel at regular intervals is, in general, outweighed by the bad effect on morale. . . . General inspections of the crew for venereal disease are resented by many men, particularly by married men and men of better type. Further resentment is caused if married men are excused. Inspection of the crew of a large ship or station requires much time if it is to be carried out thoroughly, and if the examina-

tion of each man is not deliberate and careful some cases of gonorrhea and syphilis are likely not to be discovered. Every case missed tends to weaken confidence in the ability of the medical officer. Not infrequently when a man fears he is infected and seeks examination, long and careful study is required before a conclusion can be reached. The board believes that practically complete detection of venereal diseases can be secured by promoting confidence in the Medical Department and a feeling among the crew that just treatment and good treatment will be accorded all men so infected. It believes if conditions are satisfactory in these respects that chief petty officers and other members of the crew will see to it that men who are inclined to conceal disease will be brought to the attention of the medical officer.

Especial emphasis should, however, be placed upon the following quoted paragraphs which are given in the language of the report itself that no misapprehension may be possible. Here we find the hypocrites in full retreat and pseudo-moralism completely ignored. Instead the board is rigidly scientific in its viewpoint and shows no disposition whatever to repeal the laws of biology. For the report also says:

The board believes that no matter how well instructed the personnel in general may be, many men will expose themselves, and consequently medical prophylaxis must be enforced. Experience has shown that painstaking efforts to instruct the crews of naval vessels have not sufficed to prevent exposures to any noticeable extent during visits in foreign ports. In the case of one ship, a battleship, during a week's stay in a Mediterranean port, after the most careful endeavors of the commanding officer, the medical officer, and the chaplain, to see to it that all men were thoroughly instructed and informed as to the danger, the records of prophylactic treatment given, when checked against the muster roll of the ship, indicated that more men could hardly have been expected to expose themselves if no instruction had

been given. With regard to men serving ashore in foreign countries as well as the personnel of ships visiting foreign ports, the board believes that without compulsory disinfection after exposure there would be at best a great many cases of venereal disease which could have been prevented by prophylactic treatment promptly and properly administered. In somewhat less degree this statement is true for men granted liberty in domestic ports.

THE NEED OF FEMALE COMPANIONSHIP

Navy General Order No. 29 of January 5, 1921, later superseded by General Order No. 69 of September 16, 1921, required that all men returning to ships be given the opportunity to report voluntarily for venereal prophylaxis. It also required that suitable records of such treatments be kept, and that men who did not report exposures promptly upon returning to the ship be reported to the commanding officer. The report of the Surgeon General of the Navy in 1924 remarked that men did not voluntarily seek venereal prophylaxis and again in General Order No. 29 the Surgeon General declared there was too much variation in carrying out the order in the navy. The board in the present report recommended that the following language be incorporated in a general order to supersede General Order No. 69:

All men of the navy shall be informed that failure to report exposure to possible venereal disease through illicit sexual intercourse as promptly as the circumstances permit, and failure to take prophylactic treatment as prescribed by the medical officer constitutes a violation of this general order. Wherever prophylactic treatment is administered a loose-leaf daily record shall be kept, showing the names of men reporting exposure, the date of exposure, name of the port or other place, the time in hours and minutes elapsing between exposure

and prophylactic treatment, and, if administered ashore, the names of the organization to which the men are attached. Each day the record for the preceding 24 hours shall be signed by the hospital corpsman supervising the treatment, removed from the treatment room, and marked so that names cannot subsequently be entered. Such records shall be regarded as confidential and shall not be kept permanently but shall be destroyed as soon as they have served statistical and other purposes.

The board insisted that opportunities should be offered to young men in the navy to form "enduring friendships with young women of good moral character" in order to abate the incidence of the venereal disease problem. The report of the Surgeon General of the navy for 1924 also said:

The navy cannot ignore the chief issue concerned and hope to attain success in protecting its health. The whole question hinges on human nature and the fact that the men must have or will have the companionship of women. The thoughts of the men quite constantly turn to women. While with some the principal object almost invariably associated with liberty may be to find a prostitute, in the minds of many or most of the men the uppermost idea is the desire or longing for the companionship of a young woman or girl who is socially and intellectually compatible. When he can become acquainted with moral or ostensibly virtuous women of this sort, the bluejacket is ordinarily content and will behave himself—at least he will less frequently seek women of the other type, with a consequent reduction in the rate of exposure to infection. . . . The men do become acquainted quite generally in fixed home ports, and the beneficial result is illustrated by the visits of ships of the battle fleet at New York this year. Nearly all the ships that went there returned very high admission rates for veneral disease as the result of the visit. When the U. S. S. Arkansas, U. S. S. Wyoming, and other vessels which have New York as their home port returned after spending the winter in southern waters they did not experience

more than the expected number of admissions. The members of their crews for the most part had many acquaintances and girl friends, it may safely be presumed.

MORAL THEORY VS. SCIENTIFIC PROCEDURE

We finally turn to the *Annual Report of the Surgeon General U. S. Navy*—1929. Venereal diseases are covered on pages 104-117. Some high points are as follows: The venereal rate for 1928 was 6.2 percent lower than for 1927. The venereal disease admission rate in 1928 was 124.11 per 1,000 of total personnel, a total of 14,403 admissions and 195,916 sick days being recorded. "In general, medical officers endorse the provisions of General Order 69, amended, published April 13, 1926, and are of the opinion that the effect of the act of May 17, 1926, has been very beneficial." Patients no longer forfeit pay for being on the venereal disease sick list. Thus we see the recommendations of the board report had been carried out in a satisfactory manner. The admission rates per 1,000 of total personnel in 1928 were for gonorrhea 71.98, syphilis 22.69, and chancroid 29.44. There was a gratifying decrease of 7.65 percent in syphilis admission rates representing 200 less admissions for the entire navy as compared with 1927.

Including 295 cases from 1927, 8,648 cases of gonorrhea were treated in the year covered by the report, there being complications of more or less seriousness in 1,187 cases or 13.73 percent. Including 170 cases left over from 1927, 2,881 cases of syphilis were treated, there being complications in 102 cases or 3.54 percent. Including 74 cases of chancroid left over from 1927,

3,491 cases of this condition were treated; there were complications in 418 cases or 11.97 percent. Some 5,093 doses of arsphenamine were given intravenously with 12 reactions of which but 2 were severe. Neoarsphenamine of various makes and lot numbers was given intravenously to the number of 71,754 doses; there were 51 adverse reactions, 16 of them recorded as severe. The admission rates for the navy of venereal diseases of all forms, and also for each disease separately, for the years 1917 to 1928 are as follows:

ADMISSION RATE PER 1,000 OF VENEREAL DISEASES—1917-1928

Year	Venereal Diseases (all forms)	Gonorrhea	Syphilis	Chancroid
1917	88.72	57.41	10.05	21.26
1918	70.19	42.49	11.83	15.87
1919	111.62	68.32	16.45	26.84
1920	126.11	79.13	17.54	29.50
1921	120.05	78.06	17.84	24.14
1922	127.36	81.77	20.03	25.55
1923	123.35	78.43	18.62	26.29
1924	137.57	84.94	19.74	32.88
1925	126.56	78.98	19.60	27.98
1926	118.82	71.06	22.02	25.73
1927	132.27	71.34	24.57	36.36
1928	124.11	71.98	22.69	29.44

In this article we begin to see something of the power traditional moral systems and antiquated quasi-theological ideas have to impede the progress of science. We shall have more to say about this aspect of the venereal disease question in our next discussion which will be very largely devoted to social and moral aspects of the problem. Even the very name, *Journal of Social Hygiene*, of a periodical which can be recommended for its candid, scientific venereal studies, is an indication that euphonious subter-

fuges must be invoked in the title of scientific journals devoted almost exclusively to studies of the venereal diseases. Our morals represent the dead hand of the past. They were based, truly enough, upon certain factual considerations which did have importance at one time. Meanwhile science has gone ahead, studying both pathological and social conditions, and has presented us with an enormous number of authenticated facts. These facts could teach us how to eradicate the venereal diseases from this country in a decade or little more. But we so far lack a mechanism whereby the facts discovered and correlated by science can be quickly and efficiently applied to individual and social problems in a practical way. In such matters we tend still to stand beneath the shadow of good-and-bad judgments and to hold these purely artificial and quite irrational categories as of greater importance than scientifically right-and-wrong or correct-and-incorrect judgments. Until the problems that arise in the field of sex can be shielded from the retarding influence of anachronistic moral platitudes it will be very difficult indeed for us to wipe out the venereal diseases. But there are indications that the objective scientific viewpoint attains increasing importance and the time may come sooner than we expect when, like the famous British physician Sydenham a century or so ago, we may simply elect to treat the individual and social disease without regard to the question whether the unfortunate victims thereof are "good" or "bad" according to our own petty personal standards.